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Bib Data Sheet

CONFIRMATION NO. 9289

<b>SERIAL NUMBER</b> 09/811,384	<b>FILING DATE</b> 12/20/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> P1729C1
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**APPLICANTS**

Martin M. Bednar, South Burlington, VT;  
Cordell E. Gross, South Burlington, VT, Deceased;  
Linda J. Gross, Willston, VT, Legal Representative;  
G. Roger Thomas, Burlingame, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/251,652 02/17/1999 ABN  
WHICH IS A CIP OF 08/788,800 01/22/1997 PAT 5,914,112  
WHICH CLAIMS BENEFIT OF 60/093,038 01/23/1996 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/09/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> VT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

9157

**TITLE**

Co-administration of a thrombolytic and an anti-CD18 antibody in stroke

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit